

IDA PUBLIC SCHOOLS
REQUEST FOR PAYMENT FROM ATHLETIC FUNDS

DATE: _____

AMOUNT TO BE PAID: _____

MAKE CHECK PAYABLE TO: _____

ADDRESS (if to be mailed): _____

WITHDRAWAL ACCOUNT: _____

PURPOSE: _____

Athletic Director

Superintendent

Purchase Order Number

****ORIGINAL INVOICES *OR* PAID RECEIPTS *MUST* BE ATTACHED TO DOCUMENT ALL EXPENDITURES.****